## FORM (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 07/01/2012

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private	10.01.10 (1.11.10.0)	- Ondrigo (1017)
	Passenger		
	Commercial		· · · · · · · · · · · · · · · · · · ·
	Automobile Physical Damag		**************************************
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
ii.	Fire	**************************************	
Э.	Extended Coverage		
1.	Inland Marine	<del></del>	
2.	Homeowners		
3.	Commercial Multi-Peril	\$ 2,615,645	-3.2%
4.	Crop Hail	Ψ 2,010,010	-0.270
5.	Other		
	Life of Insurance		
•	Does filing only apply to cert Classes? If so,	tain territory (territories) or	certain
	specify: N/A		——————————————————————————————————————
	Brief description of filing. (If Organization, specify	filing follows rates of an a	advisory
	organization):	IL GL Adoption of GL-	2010-IALL1 and GL-2011-BGL1
	** ************************************		
	*Adjusted to reflect all prior in **Change in Company's pre		It from application of new
	rates.	American Family N	Mutual Insurance Company
		Amendan Family n	viuluai iriouranice company

Name of Company

Official - Title

Angelika U. Schaefer - Program Manager

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3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### **SUMMARY SHEET**

| (1)                             | (2)<br>Annual Premium        | (3)<br>Percent                          |
|---------------------------------|------------------------------|---|
| Coverage                        | Volume (Illinois) *          | Change (+or-) **                        |
| Automobile Liability Private    |                              |   |
| Passenger                       |                              |   |
| Commercial                      | ***                          |   |
| Automobile Physical Damag       |                              |   |
| Private Passenger               |                              |   |
| Commercial                      |                              |   |
| Liability Other Than Auto       |                              |   |
| Burglary and Theft              |                              |   |
| Glass                           |                              |   |
| Fidelity                        |                              |   |
| Surety                          |                              | - i                                     |
| Boiler and Machinery            |                              |   |
| Fire                            |                              |   |
| Extended Coverage               |                              |   |
| Inland Marine                   |                              |   |
| Homeowners                      |                              | *************************************** |
| Commercial Multi-Peril          | 18,524                       | +11.0%                                  |
| Crop Hail                       |                              |   |
| Other                           |                              |   |
| Life of Insurance               |                              |   |
| Does filing only apply to certa | in territory (territories) o | r certain                               |
| Classes? If so,                 |                              |   |
| specify: No.                    |                              |   |

Organization, specify

territories 1, 6, and 7 by 16%.

organization):

Brief description of filing. (If filing follows rates of an advisory

American Fire and Casualty Insurance

Name of Company

Valarie Searles Sr. Analyst State Filings

Official – Title

Overall base rate change of +6%. Increase rates in

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

## ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate I   | evel produced by rate revision effective             | October 1. 2012                            |
|---|--|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private     Passenger Commercial                             |  |  |
| Automobile Physical Damage     Private Passenger Commercial                       |  |  |
| 3. Liability Other Than Auto  |  |  |
| 4. Burglary and Theft   |  |  |
| 5. Glass  |  |  |
| 6. Fidelity   |  |  |
| 7. Surety   |  |  |
| 8. Boiler and Machinery   |  |  |
| 9. Fire   | <del></del>  |  |
| <ul><li>10. Extended Coverage</li><li>11. Inland Marine</li></ul>                 | 0  |  |
| 12. Homeowners  |  |  |
| 13. Commercial Multi-Peril  | 6,784  | +5.1%                                      |
| 14. Crop Hail   | 0,704  | . 0.170                                    |
| 15. Other   |  |  |
| Line of Insurance   |  |  |
| Does filing only apply to certain territory                                       | (territories) or certain classes? If so, specify     | : <u>NA</u>                                |
| ISO circular ML 2012 DLA1   | s rates of an advisory organization, specif          | <u> </u>                                   |
|   |  |  |
|   |  |  |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v | s.<br>vhich will result from application of new rate | S.   |
|   | Crum   | & Forster Indemnity                        |
|   | Ciun   | Name of Company                            |
|   |  | Underwriter                                |
|   |  | Official - Title                           |

| Change in Company's premium or rate level   | produced by rate revision effective                                    | October 1, 2012                            |
|---|--|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br>Volume (Illinois)*                            | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private  |  |  |
| Passenger Commercial  |  |  |
| Automobile Physical Damage     Private Passenger Commercial                                   |  |  |
| 3. Liability Other Than Auto  |  |  |
| 4. Burglary and Theft   |  |  |
| 5. Glass  |  |  |
| 6. Fidelity   |  |  |
| 7. Surety   |  |  |
| Boiler and Machinery  |  |  |
|   |  |  |
| Extended Coverage   |  |  |
| 11. Inland Marine   |  |  |
| 12. Homeowners  |  |  |
| 13. Commercial Multi-Peril  | 900,000  | +5.1%                                      |
| 14. Crop Hail   |  |  |
| 15. Other   | <del></del>  |  |
| Line of Insurance   |  |  |
| Does filing only apply to certain territory (terr   | itories) or certain classes? If so_snecify: N                          | No.  |
|   | named, or derican diagonal. It do, apaday. I                           |  |
| Brief description of filing. (If filing follows rate ISO Commercial Package Policy Revised Pa | s of an advisory organization, specify orgockage Modification Factors. | anization): We are filing to adopt         |
|   | 9.37 P.                            |  |
| *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which       | will result from application of new rates.                             |  |
|   | Everest Netic  | and Incurance Company                      |
|   |  | onal Insurance Company<br>ame of Company   |
|   | Mi   | tchel Merberg                              |
|   |  | Official Title                             |

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## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

## FORM (RF-3)

#### **SUMMARY SHEET**

| (1)  | (2)<br>Annual Premium         | (3)<br>Percent      |
|--|-------------------------------|---------------------|
| Coverage   | Volume (Illinois) *           | Change (+or-) **    |
| Automobile Liability Private                             |                               |                     |
| Passenger  |                               |                     |
| Commercial   |                               |                     |
| Automobile Physical Damag                                |                               |                     |
| Private Passenger  |                               |                     |
| Commercial   |                               |                     |
| Liability Other Than Auto                                |                               |                     |
| Burglary and Theft                                       |                               |                     |
| Glass  |                               |                     |
| Fidelity   |                               |                     |
| Surety   |                               |                     |
| Boiler and Machinery                                     |                               |                     |
| Fire   |                               |                     |
| Extended Coverage  |                               |                     |
| Inland Marine  |                               |                     |
| Homeowners   |                               |                     |
| Commercial Multi-Peril                                   | 1,660,771                     | 1.2%                |
| Crop Hail  |                               |                     |
| Other  |                               |                     |
| Life of Insurance  |                               |                     |
| Doog filing only onnly to seet                           | in 4-mi4-m. /4-mi4-mi         | a a what is         |
| Does filing only apply to certa Classes? If so,          | in territory (territories) or | cenain              |
| specify: No.   |                               |                     |
| specity. INO.  |                               |                     |
| Priof description of filing (166                         | ilina followa rotaa of        | d icon              |
| Brief description of filing. (If f Organization, specify | ining rollows rates of an ac  | uvisory             |
| organization):   | We are filing to adopt I      | SO reference filing |
| ML 0010 DLA1   | The and mining to adopt t     |                     |

Name of Company
Andrea Coalson - Actuarial Analyst

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

## FORM (RF-3)

## **SUMMARY SHEET**

| Change in Company's premium | or rate | level produced | by rate revision |
|-----------------------------|---------|----------------|------------------|
| effective 08/01/2012        |         | ·              | •                |

| (1)<br>Coverage   | (2) Annual Premium Volume (Illinois) *                               | (3) Percent Change (+or-) **           |
|---|--|--|
| Automobile Liability Privat                                       |  | - Ondrigo ( Tot )                      |
| Passenger   | .•   |  |
| Commercial  |  |  |
| Automobile Physical Dam   | aq   |  |
| Private Passenger   | 3  | •                                      |
| Commercial  |  |  |
| Liability Other Than Auto   |  |  |
| Burglary and Theft  |  |  |
| Glass   |  |  |
| Fidelity  |  |  |
| Surety  |  |  |
| Boiler and Machinery  |  |  |
| Fire  | :  |  |
| Extended Coverage   |  |  |
| Inland Marine   |  |  |
| Homeowners  |  | ***                                    |
| Commercial Multi-Peril  | 3,802,683  | +5%                                    |
| Crop Hail   | ***************************************                              | ************************************** |
| Other   |  |  |
| Life of Insurance   |  |  |
| Classes? If so, specify: We                                       | certain territory (territories) of are taking overall base rate incr |  |
| and Contractors & Tradesmen                                       |  |  |
| Brief description of filing. Organization, specify organization): | (If filing follows rates of an                                       | advisory                               |
| *Adjusted to reflect all price                                    | or rate changes.   |  |
|   | premium level which will res   | • •                                    |
|   |  | asualty Company                        |
|   |  | ame of Company                         |
|   | April Myers, Com   | mercial Actuarial Specialist           |

| Ch   | ange in Company's premium or rate lev                      | el produced by rate revision effective             | 10/1/2012                                  |
|------|--|--|--|
|      | (1)<br><u>Coverage</u>                                     | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1.   | Automobile Liability Private                               |  |  |
| 2    | Passenger Commercial                                       |  |  |
| 2.   | Automobile Physical Damage<br>Private Passenger Commercial |  |  |
| 3.   | Liability Other Than Auto                                  |  |  |
| 4.   | Burglary and Theft   |  |  |
| 5.   | Glass  |  |  |
| 6.   | Fidelity   |  |  |
| 7.   | Surety   |  |  |
| 8.   | Boiler and Machinery                                       |  |  |
| 9.   | Fire   |  |  |
|      | Extended Coverage  |  |  |
|      | Inland Marine  |  |  |
|      | Homeowners   |  |  |
|      | Commercial Multi-Peril                                     | 58,179   | 5.1%                                       |
|      | Crop Hail  |  |  |
| 15.  | Other  |  |  |
|      | Line of Insurance  |  |  |
| Do   | es filing only apply to certain territory (te              | erritories) or certain classes? If so, specify:    | No.  |
|      |  |  |  |
| Deid | of description of filing (If filing follows as             | too of an advisory amonimation and if yourse       | \\\\\\                                     |
|      | adoption of revised Package Mods ML-2012-RL                | ates of an advisory organization, specify organi   | zation)                                    |
| 100  | adoption of revised r ackage Mods ML-2012-INL              | A1   |  |
|      |  |  |  |
| *Ac  | ljusted to reflect all prior rate changes.                 |  |  |
|      |  | ich will result from application of new rates.     |  |
|      |  |  |  |
|      |  | Greenwich Insurance                                |  |
|      |  | Name   | e of Company                               |
|      |  | Mark Stockbridge - Vice Preside                    | nt   |
|      |  |  | icial – Title                              |

|                   | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)*     | (3) Percent Change (+ or -)** |
|-------------------|---|---|-------------------------------|
|                   | A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                               | <del></del>                                     |                               |
| 1.                | Automobile Liability Private Passenger                                |   |                               |
|                   | Commercial  |   |                               |
| •                 |   |   |                               |
| 2.                | Automobile Physical Damage<br>Private Passenger<br>Commercial         |   |                               |
| 3.                | Liability Other Than Auto   |   |                               |
| 4.                | Burglary and Theft  |   |                               |
| 5.                | Glass   |   |                               |
| 6.                | Fidelity  |   |                               |
| 7.                | Surety  |   |                               |
| 8.                | Boiler and Machinery  |   |                               |
| 9.                | Fire  |   |                               |
| 10.               | Extended Coverage   |   |                               |
| 11.               | Inland Marine   |   |                               |
| 12.               | Homeowners  | · · · · · · · · · · · · · · · · · · ·           |                               |
| 13.               | Commercial Multi-Peril  | NCC - \$451,000                                 | +5.1%                         |
| 14.               | Crop Hail   |   |                               |
| 15.               | Other   |   |                               |
|                   | Line of Insurance   |   |                               |
| oes fil<br>No     | ling only apply to certain territory (to                              | erritories) or certain classes? If so, specify: |                               |
| Brief de<br>Adopt | escription of filing. (If filing follows<br>t ISO filing ML-2012-RLA1 | s rates of an advisory organization, specify o  | organization):                |

National Casualty Company /
Name of Company

Dawn Gormley - Filings Analyst II
Official - Title

| Change in company's premium or rate leve   | l produced by rate revisi                          | ion effective      | 10/1/2012                                 |
|--|--|--------------------|---|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume(Illinois)</u> * |                    | (3)<br>Percent<br><u>Change (+ or - )</u> |
| <ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril -</li> <li>Crop Hail</li> <li>Other</li> </ol> Line of Insurance | \$20,623   | -                  | 4.2%                                      |
| Does filing only apply to certain territory ( te   | erritories ) or certain clas                       | ses? If so, specif | y: <u>No</u>                              |
| Brief description of filing . ( If filing follows readoption of ISO Loss Cost , BP-2012-RLA *Adjusted to reflect all prior rate changes. **Change in Company's premium level which   | 1<br>ch will result from applic                    | ation of new rates | s.<br>ite Insurance Company               |
|  |  | Alsa Shih - Co     | of company  ompliance Analyst             |

| Change in Company's premium or rate le  | evel produced by rate revision effective              | October 1, 2012                            |
|---|---|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>    | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1. Automobile Liability Private   |   |  |
| Passenger Commercial  |   |  |
| 2. Automobile Physical Damage   |   |  |
| Private Passenger Commercial  |   |  |
| 3. Liability Other Than Auto  |   |  |
| <ul><li>4. Burglary and Theft</li><li>5. Glass</li></ul>                          |   |  |
| 6. Fidelity   | · · · · · · · · · · · · · · · · · · ·                 |  |
| 7. Surety   |   |  |
| Boiler and Machinery  |   |  |
| 9. Fire   |   |  |
| 10. Extended Coverage   |   |  |
| 11. Inland Marine   |   |  |
| 12. Homeowners  |   |  |
| 13. Commercial Multi-Peril  | 129,219   | +5.1%                                      |
| 14. Crop Hail   |   |  |
| 15. OtherLine of Insurance  |   |  |
| Line of insurance   |   |  |
| Does filing only apply to certain territory                                       | (territories) or certain classes? If so, specify      | : <u>NA</u>                                |
| 100 de le Milliona DI Aa  | rs rates of an advisory organization, specify         | · · · · · · · · · · · · · · · · · · ·      |
|   |   |  |
|   |   |  |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v | s.<br>vhich will result from application of new rates | <b>5.</b>                                  |
|   | North Ri  | ver Insurance Company                      |
|   |   | Name of Company                            |
|   |   | Underwriter                                |
|   |   | Official – Title                           |

|      | Change in Company's premiu                                      |                             | rate                          |
|------|---|-----------------------------|-------------------------------|
|      | revision effective  | October 1, 2012             |                               |
|      | (1)   | (2)                         | (3)                           |
|      | ( ' '   | Annual Premium              | Percent                       |
|      | Coverage  | Volume (Illinois)*          | <u>Change ( + or -)**</u>     |
|      |   |                             |                               |
| 1.   | Automobile Liability  |                             |                               |
|      | Private Passenger   |                             |                               |
|      | Commercial  |                             |                               |
| 2.   | Automobile Physical Damage                                      |                             |                               |
|      | Private Passenger   |                             |                               |
|      | Commercial  |                             |                               |
| 3.   | Liability Other Than Auto                                       |                             |                               |
| 4.   | Burglary and Theft  |                             |                               |
| 5.   | Glass   |                             |                               |
| 6.   | Fidelity  |                             |                               |
| 7.   | Surety  |                             |                               |
| 8.   | Boiler and Machinery  |                             |                               |
| 9.   | Fire  |                             |                               |
| 10.  | Extended Coverage   |                             |                               |
| 11.  | Inland Marine   |                             |                               |
| 12.  | Homeowners  |                             |                               |
| 13.  | Commercial Multi-Peril  | \$2,858,058                 | +5.1                          |
| 14.  | Crop Hail   |                             |                               |
| 15.  | Other   |                             |                               |
|      | Line of Insurance   |                             |                               |
|      | s Filing only apply to certain territory ( ses? If so, specify: | territories) or certain     |                               |
|      | f description of filing. (If filing follows                     |                             |                               |
| orga |   |                             | cial Package Policy Revised   |
|      | <u>_l</u>   | Package Modification Factor | ors                           |
|      | <u>-</u>  |                             |                               |
|      |   |                             |                               |
|      |   |                             |                               |
|      | * Adjusted to reflect all prior rate char                       |                             |                               |
| *    | <ul> <li>* Change in Company's premium leve</li> </ul>          | el which will               |                               |
|      | result from application of new rates.                           |                             |                               |
|      |   |                             |                               |
|      |   |                             | Nova Casualty Company         |
|      |   |                             | Name of Company               |
|      |   |                             |                               |
|      |   |                             |                               |
|      |   |                             | Diane Legere - Vice President |
|      |   |                             | Official - Title              |
|      |   |                             |                               |

#### FORM (RF-3)

#### **SUMMARY SHEET**

| Change in Company's pre<br>effective 08/01/2012 | emium or rate level produced l | by rate revision |
|---|--------------------------------|------------------|
| (1)   | (2)                            | (3)              |
|   | Annual Premium                 | Percent          |
| Coverage  | Valuma /Illinaia\*             | Change Isa       |

| **  | _                            | Villingi Lietiliniii | reitein          |
|-----|------------------------------|----------------------|------------------|
|     | Coverage                     | Volume (Illinois) *  | Change (+or-) ** |
| 1.  | Automobile Liability Private |                      |                  |
|     | Passenger                    |                      |                  |
|     | Commercial                   |                      |                  |
| 2   | Automobile Physical Damag    |                      |                  |
|     | Private Passenger            |                      | <b>*</b>         |
|     | Commercial                   |                      |                  |
| 3.  | Liability Other Than Auto    |                      |                  |
| 4.  | Burglary and Theft           |                      |                  |
| 5.  | Glass                        |                      |                  |
| 6.  | Fidelity                     |                      |                  |
| 7.  | Surety                       |                      |                  |
| 8.  | Boiler and Machinery         |                      |                  |
| 9.  | Fire                         |                      |                  |
| 10. | Extended Coverage            |                      |                  |
| 11. | Inland Marine                |                      |                  |
| 12. | Homeowners                   |                      |                  |
| 13. | Commercial Multi-Peril       | 3.395                | +10.1%           |
| 14. | Crop Hail                    |                      |                  |
| 15. | Other                        |                      |                  |
|     | Life of Insurance            |                      |                  |

Does filing only apply to certain territory (territories) or certain Classes? If so,

specify:

No.

Brief description of filing. (If filing follows rates of an advisory Organization, specify

organization):

Overall base rate change of +6%. Increase rates in

territories 1, 6, and 7 by 16%.

Ohio Casualty Insurance Company

Name of Company Valarie Searles Sr. Analyst State Filings

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

## FORM (RF-3)

## SUMMARY SHEET

| (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or-) **   |
|--|--|--|
| Automobile Liability Private   |  | *  |
| Passenger  |  |  |
| Commercial   | -A - 10 - 10 - 10 - 10 - 10 - 10 - 10 -      | <u> 1860 - I. O. Jacoberto, anno anno anno anno anno anno anno an</u>  |
| Automobile Physical Damag  |  | The second secon |
| Private Passenger  |  |  |
| Commercial   |  |  |
| Liability Other Than Auto  |  |  |
| Burglary and Theft   |  |  |
| Glass  |  |  |
| Fidelity   |  |  |
| Surety   |  |  |
| Boiler and Machinery   | -  |  |
| Fire   |  | •  |
| Extended Coverage  |  |  |
| Inland Marine  |  |  |
| Homeowners   |  |  |
| Commercial Multi-Peril   | 378,623                                      | +14.5%   |
| Crop Hail  |  |  |
| Othe <u>r</u>  |  |  |
| Life of Insurance  |  |  |
| Doos filing only apply to ac   | mtain tamitan (tamitarian) a                 | e aantalii   |
| Does filing only apply to cell Classes? If so,                         | rtain termory (termones) o                   | i ceitairi   |
| specify: No.   |  |  |
| opcony,  |  |  |
| Brief description of filing. (I  | f filing follows rates of an                 | advisory   |
| Organization, specify  | g  | man a habani 🤰   |
| organization):   | Overall base rate cha                        | nge of +6%. Increase rates in  |
| territories 1, 6, and 7 by 16%.  |  |  |
|  |  |  |
| *Adjusted to reflect all prior<br>**Change in Company's pre-<br>rates. |  | ult from application of ne   |
| TOMO.  | Ohio Security Ins                            | urance Company   |
|  | ***************************************      | ame of Company   |
|  |  | Sr. Analyst State Filings  |

## FORM (RF-3)

## SUMMARY SHEET

| (1)                                   | (2)<br>Ánnual Premium  | (3)<br>Percent                         |
|---------------------------------------|--|--|
| Coverage                              | Volume (Illinois) *  | Change (+or-) **                       |
| Automobile Liability Privat           |  | <u> </u>                               |
| Passenger                             |  |  |
| Commercial                            |  |  |
| Automobile Physical Dam               | aq   |  |
| Private Passenger                     |  | •                                      |
| Commercial                            |  |  |
| Liability Other Than Auto             |  |  |
| Burglary and Theft                    | Acceptured the transport and the trible to the form to the control of the control |  |
| Glass                                 |  |  |
| Fidelity                              |  | <u> </u>                               |
| Surety                                |  |  |
| Boiler and Machinery                  |  |  |
| Fire                                  |  |  |
| Extended Coverage                     |  |  |
| Inland Marine                         |  |  |
| Homeowners                            |  |  |
| Commercial Multi-Peril                | \$1,205,082  | 10 00/                                 |
| Crop Hail                             | \$1,203,082  | 18.8%                                  |
| Other                                 |  |  |
| Life of Insurance                     | *****  | ************************************** |
| Life of insurance                     |  |  |
| Does filing only apply to d           | ertain territory (territories) o   | or certain                             |
| Classes? If so,                       |  |  |
|                                       | Market Segments will receive th  | ne underlying Liability and Prope      |
| · · · · · · · · · · · · · · · · · · · | p Religous Orgs, Condos, and (   | Garage have no Class factor cha        |
|                                       | (If filing follows rates of an   |  |
| Organization, specify                 | (g   |  |
| organization):                        | Revising our Custon  | n Protector Class Factor               |
| ,                                     | The comment of the control of the co |  |
|                                       |  |  |
| *Adjusted to reflect all price        | or rate changes.   |  |
|                                       |  | sult from application of new           |
| rates.                                |  | ••                                     |
| ÷ . •                                 | Ohio Security In   | surance Company                        |
|                                       | N  | lame of Company                        |
|                                       | Commercial Line  |  |

| `      | (1)  | te level produced by rate revision effective (2) Annual Premium | (3)<br>Percent    |
|--------|--|---|-------------------|
|        | Coverage   | Volume (Illinois)*  | Change (+ or -)** |
| 1.     | Automobile Liability Private Passenger   |   |                   |
| 2.     | Commercial Automobile Physical Damage Private Passenger  |   |                   |
|        | Commercial   |   |                   |
| 3.     | Liability Other Than Auto  |   |                   |
| 4.     | Burglary and Theft   |   |                   |
| 5.     | Glass  |   |                   |
| 6.     | Fidelity   |   |                   |
| 7.     | Surety   |   |                   |
| 8.     | Boiler and Machinery   |   |                   |
| 9.     | Fire   |   |                   |
| 10.    | Extended Coverage  |   |                   |
| 11.    | Inland Marine  |   |                   |
| 12.    | Homeowners   |   |                   |
| 13.    | Commercial Multi-Peril   | \$111,560   | +5. 1%            |
| 14.    | Crop Hail  |   | 40-04             |
| 15.    | Other  |   |                   |
|        | Line of Insurance  |   |                   |
| Does f | iling only apply to certain territory (t   | erritories) or certain classes? If so, specify:                 |                   |
|        | description of filing. (If filing follow e filing to adopt ISO LI-ML-2012-00                                     | s rates of an advisory organization, specify o                  | organization):    |
| * A    | djusted to reflect all prior rate change hange in Company's premium level we sult from application of new rates. | es.   |                   |

Pennsylvania Manufacturers' Association Insurance Company

Name of Company

Gary E. Koslov, Vice President
Official - Title

## **ILLINOIS DEPARTMENT OF INSURANCE**

| Ch        | ange in Company's premium or rate le  | vel produced by rate revision effective   | 6/15/12 (new) 8/15/12 (renewal)       |
|-----------|---|---|---------------------------------------|
|           | (1)   | (2)<br>Annual Premium   | (3)<br>Percent                        |
|           | <u>Coverage</u>   | Volume (Illinois)*  | <u>Change (+ or -)**</u>              |
| 1.        | Automobile Liability Private Passenger Commercial   |   |                                       |
| 2.        | Automobile Physical Damage  |   |                                       |
|           | Private Passenger Commercial  |   |                                       |
|           | Liability Other Than Auto   |   |                                       |
| 4.        | Burglary and Theft  |   |                                       |
| 5.        | Glass   |   |                                       |
| 6.        | Fidelity  |   |                                       |
| 7.        | Surety  |   |                                       |
| 8.        | Boiler and Machinery  |   |                                       |
|           | Fire  |   |                                       |
| 10.       | Extended Coverage   |   |                                       |
| 11.       | Inland Marine   |   |                                       |
| 12.       | Homeowners  | · · · · · · · · · · · · · · · · · · ·   |                                       |
| 13.       | Commercial Multi-Peril  | \$1,637,462   | -8.3%                                 |
| 14.       | Crop Hail   | _   |                                       |
| 15.       | Other   |   |                                       |
|           | Line of Insurance   |   |                                       |
| Brid      | ef description of filing. (If filing follow urance Company is a member of AA ependent enhancement to this prograr | serritories) or certain classes? If so, specify s rates of an advisory organization, spec IS for our Businessowners Program in your which include the following revision: | ify organization): Pharmacists Mutual |
|           | Revised Construction Class Factors  |   |                                       |
|           | Introduction of an Experience Rating F  |   |                                       |
|           | Introduction of a Multi Location Discou   | <u>nt</u>   |                                       |
|           | Revised Pharmacy Rating   |   |                                       |
|           | Introduction of Optional Blanket Cover  |   |                                       |
|           | Introduction of Property Plus Endorser  | <u>nent</u>   |                                       |
|           | Revised Loss Cost Multipliers   |   |                                       |
| <u>8.</u> | Revised Minimum Premiums  |   |                                       |
|           | djusted to reflect all prior rate changes.<br>Change in Company's premium level wl                                | nich will result from application of new rates  | S.                                    |
|           |   | Pharmasista   | Mutual Insurance Company              |
|           |   |   | Name of Company                       |
|           |   |   | tano or company                       |
|           |   | Kenneth Andr  | ews, Regional Vice President          |
|           |   |   | Official - Title                      |
|           |   |   |                                       |

|            | Change in Company's prei revision effective                                 | October 1       |                       |                        |
|------------|---|-----------------|-----------------------|------------------------|
|            | (1)   |                 | (2)<br>Annual Premium | (3)<br>Percent         |
|            | <u>Coverage</u>   |                 | Volume (Illinois)*    | Change ( + or -)**     |
| 1.         | Automobile Liability  | _               |                       |                        |
|            | Private Passenger   | _               |                       |                        |
|            | Commercial  |                 |                       |                        |
| 2.         | Automobile Physical Damage  |                 |                       |                        |
|            | Private Passenger   |                 |                       |                        |
|            | Commercial  |                 |                       |                        |
| <b>3</b> . | Liability Other Than Auto   |                 |                       |                        |
|            | Burglary and Theft  |                 |                       |                        |
| 5.         | Glass   |                 |                       |                        |
| 3.         | Fidelity  | _               |                       |                        |
| <b>'</b> . | Surety  | _               |                       |                        |
| 3.         | Boiler and Machinery  |                 |                       |                        |
| 9.         | Fire  |                 |                       |                        |
| ١٥.        | Extended Coverage   | _               |                       |                        |
| 11.        | Inland Marine   |                 |                       |                        |
| 12.        | Homeowners  | _               |                       |                        |
| 3.         | Commercial Multi-Peril  |                 | \$8,761               | +2.8                   |
| 4.         | Crop Hail   | _               |                       |                        |
| 5.         | Other   |                 |                       |                        |
|            | s Filing only apply to certain territon ses? If so, specify:                | y (territories) | or certain            |                        |
|            | description of filing. (If filing follow nization, specify organization):   | <b>Adoption</b> |                       | Businessowners Revised |
|            |   |                 |                       |                        |
|            |   |                 |                       |                        |
|            | * Adjusted to reflect all prior rate ch<br>* Change in Company's premium le |                 | II                    |                        |
|            | result from application of new rate   |                 |                       |                        |
|            |   |                 |                       | rance Company          |
|            |   |                 | Name o                | of Company             |
|            |   |                 |                       | 2-1                    |
|            |   |                 | Kevin Purce           | ell - VP IRC, LLC      |
|            |   |                 |                       | cial - Title           |

|       |  | mium or rate level produced by rate October 1, 2012    | Ð  |
|-------|--|--|--|
|       | (1)  | (2)<br>Annual Premium                                  | (3)<br>Percent                           |
|       | <u>Coverage</u>  | Volume (Illinois)*                                     | <u>Change ( + or -)**</u>                |
| 1.    | Automobile Liability   |  |  |
|       | Private Passenger  |  |  |
|       | Commercial   |  |  |
| 2.    | Automobile Physical Damage   |  |  |
|       | Private Passenger  |  |  |
|       | Commercial   |  |  |
| 3.    | Liability Other Than Auto  |  |  |
| 4.    | Burglary and Theft   |  |  |
| 5.    | Glass  |  |  |
| 6.    | Fidelity   |  |  |
| 7.    | Surety   |  |  |
| 8.    | Boiler and Machinery   |  |  |
| 9.    | Fire   |  |  |
| 10.   | Extended Coverage  |  |  |
| 11.   | Inland Marine  |  |  |
| 12.   | Homeowners   |  |  |
| 13.   | Commercial Multi-Peril   | <del>\$143,586</del>                                   | +5.1%                                    |
| 14.   | Crop Hail  |  |  |
| 15.   | Other  |  |  |
|       | Line of Insurance  | _  |  |
| elas: | s Filing only apply to certain territor ses? If so, specify:  N/A  f description of filing. (If filing follow inization, specify organization):  | vs rates of an advisory<br>Adoption of ISO's Commercia |  |
|       |  | Package Modification Factors                           |  |
|       |  | ML-2012-RLA1   |  |
|       |  |  |  |
|       |  | A  |  |
|       |  |  |  |
|       | <ul> <li>* Adjusted to reflect all prior rate of<br/>the control of the control o</li></ul> | evel which will  |  |
|       |  |  | Dieze Incomer O                          |
|       |  | _  | Plaza Insurance Company  Name of Company |
|       |  |  |  |
|       | <del></del>  |  |  |
|       |  |  |  |
|       |  |  | Kevin Purcell - VP (IRC)                 |
|       |  | -  | Official - Title                         |

|            | Change in Company's premium   | n or rate level produced by                | rate revision effective           | 7/11/2012  |
|------------|---|--|-----------------------------------|------------|
|            |   |  |                                   |            |
|            |   | (2)<br>Annual Premium<br>Volume (Illinois) | (3)<br>Percent<br>Change (+ or -) |            |
| 1.         | Automobile Liability Private Passenger Commercial                               | Volume (minols)                            | Orlange (* Gr.)                   | -          |
| 2.         | Automobile Physical Damage<br>Private Passenger<br>Commercial                   |  |                                   | •          |
| 3.         | Liability Other Than Auto   |  |                                   | -          |
| 4.         | Burglary and Theft  |  |                                   | -          |
| 5.         | Glass   |  |                                   | _          |
| 6.         | Fidelity  |  |                                   |            |
| 7.         | Surety  |  |                                   | _<br>_     |
| 8.         | Boiler and Machinery  |  |                                   | -          |
| 9.         | Fire  |  |                                   | _          |
| 10.        | Extended Coverage   |  |                                   | •          |
| 11.        | Inland Marine   |  |                                   | -          |
| 12.        | Homeowners  |  | 0.40/                             | -          |
| 13.        | Commercial Multi-Peril  | 23,389,853                                 | 0.1%                              | _          |
| 14.<br>15. | Crop Hail<br>Other  |  |                                   | _          |
| 15.        | Line of Insurance   |  |                                   | -          |
|            | Line of insulance   |  |                                   |            |
| Doe        | s filing only apply to certain territor   | y (territories) or certain cla             | asses? If so, specify:            |            |
|            | f description of filing. (If filing follow<br>e revision. See filing memorandum |  | ganization, specify organ         | nization): |
|            |   |  |                                   |            |

| Senti | nel Ins | urance | Comp | any |  |
|-------|---------|--------|------|-----|--|
|       | Mana    | -£ C   |      |     |  |

Name of Company

Digitally signed by Robert Beaudoin
DN: cn=Robert Beaudoin, c=US, o=The
Hartford, ou=ARPD
Date: 2012.05.29 07:57:51 -04'00'

|                      |  | (2)<br>Annual Premium<br>Volume (Illinois) | (3)<br>Percent<br>Change (+ or -)     |              |
|----------------------|--|--|---------------------------------------|--------------|
| 1.                   | Automobile Liability Private Passenger       |  |                                       | _            |
|                      | Commercial                                   |  |                                       | -            |
| 2.                   | Automobile Physical Damage                   |  |                                       | _            |
|                      | Private Passenger                            |  | · · · · · · · · · · · · · · · · · · · | _            |
| 3.                   | Commercial                                   |  |                                       | _            |
| 3.<br>4.             | Liability Other Than Auto Burglary and Theft |  |                                       | _            |
| <del>7</del> .<br>5. | Glass  |  |                                       | _            |
| 6.                   | Fidelity                                     |  | ·                                     | _            |
| 7.                   | Surety                                       |  |                                       | <u>-</u>     |
| В.                   | Boiler and Machinery                         |  | <del>cas ms</del>                     | _            |
| 9.                   | Fire   |  | V                                     | _            |
| 10.                  | Extended Coverage                            |  |                                       | _            |
| 11.                  | Inland Marine                                |  |                                       | _            |
| 12.                  | Homeowners                                   |  |                                       | -            |
| 13.                  | Commercial Multi-Peril                       | 20,724,923                                 | 6.9%                                  | <del>-</del> |
| 14.                  | Crop Hail                                    |  |                                       | -            |
| 15.                  | OtherLine of Insurance                       |  |                                       | _            |
|                      |  |  |                                       |              |
|                      |  |  |                                       |              |
| Doe                  | s filing only apply to certain territory     | / (territories) or certain cla             | asses? If so, specify:                |              |
|                      |  |  |                                       |              |
|                      |  |  |                                       |              |

| Sentinel Insurance Company   |
|--|
| Name of Company  |
| Digitally signed by Robert Beaudoin  DN: cn=Robert Beaudoin, c=US,  o=The Hartford, ou=ARPD  Date: 2012.05.31 08:41:53 -04'00' |
| Official - Title   |
|  |

| Change in Company's premium or rate level produced by rate revision effective |  |   | 10/01/2012               |  |
|---|--|---|--------------------------|--|
|   | (1)  | (2)<br>Annual Premium   | (3)<br>Percent           |  |
|   | <u>Coverage</u>  | Volume (Illinois)*  | <u>Change (+ or -)**</u> |  |
| 1.  | Automobile Liability Private Passenger                             |   |                          |  |
| 2.  | Commercial Automobile Physical Damage Private Passenger Commercial |   |                          |  |
| 3.  |  |   |                          |  |
| 3.<br>4.  | Liability Other Than Auto<br>Burglary and Theft                    |   |                          |  |
| 4.<br>5.  | Glass  |   |                          |  |
| 5.<br>6.  | Fidelity   |   |                          |  |
| 7.  | Surety   |   |                          |  |
| 8.  | Boiler and Machinery   |   |                          |  |
| o.<br>9.  | Fire   | •   |                          |  |
| 9.<br>10.   | Extended Coverage  |   |                          |  |
| 11.   | Inland Marine  |   |                          |  |
| 12.   | Homeowners   |   |                          |  |
| 13.   | Commercial Multi-Peril   | 4.417.005   | 15.1                     |  |
|   |  | 4,417,025   | +5.1                     |  |
| 14.   | Crop Hail  |   |                          |  |
| 15.   | Other  |   |                          |  |
|   | Line of Insurance  |   |                          |  |
| Does :<br>No  | filing only apply to certain territory (to                         | erritories) or certain classes? If so, specify:                                   |                          |  |
|   |  |   |                          |  |
|   |  | s rates of an advisory organization, specify of ackage Policy Revised Package Mod |                          |  |
|   |  |   |                          |  |

Sompo Japan Insurance Company of America

Name of Company

Temica Taylor, State Filing Analyst
Official - Title

<sup>\*</sup> Adjusted to reflect all prior rate changes.

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

|          | Change in Company's pre revision effective                        | emium or rate level produced by rat October 1, 2012 | e   |
|----------|---|---|---|
|          | (1)   | (2)<br>Annual Premium                               | (3)<br>Percent                            |
|          | <u>Coverage</u>   | Volume (Illinois)*                                  | Change ( + or -)**                        |
|          | Automobile Liability  |   |   |
|          | Private Passenger   |   |   |
|          | Commercial  |   |   |
|          | Automobile Physical Damage  |   |   |
|          | Private Passenger   |   | -   |
|          | Commercial  | Mandala e e e e e e e e e e e e e e e e e e         |   |
| ١.       | Liability Other Than Auto   | ***************************************             | Maratin                                   |
| •        | Burglary and Theft  |   | *   |
| <b>.</b> | Glass   |   |   |
| i.       | Fidelity  |   |   |
| <b>.</b> | Surety  |   |   |
| 3.       | Boiler and Machinery  |   |   |
| ).       | Fire  |   |   |
| 0.       | Extended Coverage   |   |   |
| 1.       | Inland Marine   |   |   |
| 2.       | Homeowners  |   |   |
| 3.       | Commercial Multi-Peril  | \$3,303,963   | +5.1%                                     |
| 4.       | Crop Hail   |   |   |
| 5.       | Other Line of Insurance   |   | ·   |
|          |   |   |   |
|          | s Filing only apply to certain territor ses? If so, specify:  N/A | y (territories) or certain                          |   |
|          | description of filing. (If filing follow                          |   |   |
| rga      | nization, specify organization):                                  | Adoption of ISO's Commercia                         |   |
|          |   | Package Modification Factors                        |   |
|          |   | ML-2012-RLA1  |   |
|          |   |   |   |
|          |   | <del></del>   |   |
|          |   |   |   |
|          | * Adjusted to reflect all prior rate cl                           |   |   |
| ~        | * Change in Company's premium I                                   |   |   |
|          | result from application of new rate                               | es.   |   |
|          |   |   |   |
|          |   |   | SDADTA Inclirance Compani                 |
|          |   | <del></del> `                                       | SPARTA Insurance Company                  |
|          |   |   | Name of Company                           |
|          |   |   | Name of Company                           |
|          |   |   | Name of Company  Kevin Purcell - VP (IRC) |

| Change in Company's premium or rate level produced by rate revision effective          |  | October 1. 2012                            |  |
|--|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |
| Automobile Liability Private   |  |  |  |
| Passenger Commercial   |  |  |  |
| Automobile Physical Damage     Private Passenger Commercial                            |  |  |  |
| Liability Other Than Auto  |  |  |  |
| Burglary and Theft   |  |  |  |
| 5. Glass   |  |  |  |
| 6. Fidelity  |  |  |  |
| 7. Surety  |  |  |  |
| Boiler and Machinery   |  |  |  |
| 9. Fire  |  |  |  |
|  |  |  |  |
| 11. Inland Marine  |  |  |  |
| 12. Homeowners   |  |  |  |
| 13. Commercial Multi-Peril   | 154,347  | +5.1%                                      |  |
| 14. Crop Hail  |  |  |  |
| 15. Other Line of Insurance  |  |  |  |
| Line of Insurance  |  |  |  |
| Does filing only apply to certain territory (ter                                       | ritories) or certain classes? If so, specify       | · NA                                       |  |
|  | Thomas of contain diagons. If so, specify          | . 107                                      |  |
| Brief description of filing. (If filing follows ra                                     | ates of an advisory organization, specif           | • •  |  |
|  |  |  |  |
|  |  |  |  |
| *Adjusted to reflect all prior rate changes.  **Change in Company's premium level whic | ch will result from application of new rate        | s.   |  |
|  | I Inited Stat                                      | es Fire Insurance Company                  |  |
|  | Officed State                                      | Name of Company                            |  |
|  |  | Underwriter                                |  |
|  |  | Official Title                             |  |
|  |  |  |  |

## FORM (RF-3)

|          | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois) *   | (3) Percent Change (+or-) **   |  |
|----------|---|--|--|--|
|          | Automobile Liability Private  |  | *  |  |
|          | Passenger   |  |  |  |
|          | Commercial  |  | · <del></del> *  |  |
|          | Automobile Physical Damag   | **************************************   | Commission of the Commission o |  |
|          | Private Passenger   |  | •  |  |
|          | Commercial  | attended to the policy of the first of the second s |  |  |
|          | Liability Other Than Auto   | ***************************************  |  |  |
|          | Burglary and Theft  | <u> </u>   |  |  |
|          | Glass   |  |  |  |
|          | Fidelity  |  |  |  |
|          | Surety  |  |  |  |
| ,        | Boiler and Machinery  |  |  |  |
|          | Fire  |  | <u> </u>   |  |
| ),       | Extended Coverage   | ***************************************  |  |  |
| ١.       | Inland Marine   |  |  |  |
| <u>}</u> | Homeowners  | the state of the s |  |  |
| ,<br>},  | Commercial Multi-Peril  | 42,105   | +12.6%   |  |
|          | Crop Hail   |  |  |  |
| ,<br>),  | Other   |  |  |  |
|          | Life of Insurance   |  |  |  |
|          | Does filing only apply to certain territory (territories) or certain Classes? If so,  |  |  |  |
|          | Classes? If so,   | ain territory (territories) or   | Centani  |  |
| ,        |   | · · · · · · · · · · · · · · · · · · ·  | Certain  |  |
| •        | Classes? If so, specify: No.  Brief description of filing, (If  |  |  |  |
|          | Classes? If so, specify:  Brief description of filing, (If to Organization, specify)  | filing follows rates of an a   | ndvisory   |  |
|          | Classes? If so, specify: No.  Brief description of filing. (If to Organization, specify organization):  | filing follows rates of an a   |  |  |
|          | Classes? If so, specify:  Brief description of filing, (If to Organization, specify)  | filing follows rates of an a   | ndvisory   |  |
|          | Classes? If so, specify:  Brief description of filing. (If to Organization, specify organization): territories 1, 6, and 7 by 16%.  | filing follows rates of an a   | ndvisory   |  |
|          | Classes? If so, specify:  Brief description of filing. (If to Organization, specify organization): territories 1, 6, and 7 by 16%.  *Adjusted to reflect all prior rate.    | Overall base rate characte characte characte characte characte charges.  | ndvisory<br>nge of +6%. Increase rates in  |  |
|          | Classes? If so, specify:  Brief description of filing. (If to Organization, specify organization): territories 1, 6, and 7 by 16%.  *Adjusted to reflect all prior reflect. | Overall base rate char<br>ate changes<br>nium level which will resu  | ndvisory  nge of +6%. Increase rates in  llt from application of new   |  |
|          | Classes? If so, specify:  Brief description of filing. (If to Organization, specify organization): territories 1, 6, and 7 by 16%.  *Adjusted to reflect all prior rate.    | Overall base rate character character changes nium level which will resu   | ndvisory  Inge of +6%. Increase rates in  It from application of new surance Company   |  |
|          | Classes? If so, specify:  Brief description of filing. (If to Organization, specify organization): territories 1, 6, and 7 by 16%.  *Adjusted to reflect all prior rate.    | Overall base rate character changes.  Note that the changes will result the changes which will result that the changes.  West American In Na   | ndvisory<br>nge of +6%. Increase rates in<br>alt from application of new   |  |

## FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 07/01/2012              |                                    |

| _   | (1)   | (2)                                   | (3)                                   |  |  |
|-----|---|---------------------------------------|---------------------------------------|--|--|
| -   | Coverage  | Annual Premium<br>Volume (Illinois) * | Percent<br>Change (+or-) **           |  |  |
| 1.  | Automobile Liability Private  | - Volumo (minolo)                     | Change (101)                          |  |  |
|     | Passenger   |                                       |                                       |  |  |
|     | Commercial  |                                       |                                       |  |  |
| 2   | Automobile Physical Damag   |                                       |                                       |  |  |
|     | Private Passenger   |                                       | •                                     |  |  |
|     | Commercial  |                                       |                                       |  |  |
| 3.  | Liability Other Than Auto   |                                       |                                       |  |  |
| 4.  | Burglary and Theft  |                                       |                                       |  |  |
| 5.  | Glass   |                                       |                                       |  |  |
| 6.  | Fidelity  |                                       |                                       |  |  |
| 7.  | Surety  |                                       |                                       |  |  |
| 8.  | Boiler and Machinery  |                                       |                                       |  |  |
| 9.  | Fire  |                                       |                                       |  |  |
| 10. | Extended Coverage   |                                       |                                       |  |  |
| 11. | Inland Marine   |                                       |                                       |  |  |
| 12. | Homeowners  |                                       |                                       |  |  |
| 13. | Commercial Multi-Peril  | 3,061,018                             | 1.9%                                  |  |  |
| 14. | Crop Hail   |                                       |                                       |  |  |
| 15. | Other   |                                       |                                       |  |  |
|     | Life of Insurance   |                                       |                                       |  |  |
| •   |   |                                       |                                       |  |  |
|     | Does filing only apply to certain   | in territory (territories) or a       | certain                               |  |  |
|     | Classes? If so,   |                                       |                                       |  |  |
|     | specify: This revision applies to the Specialty Businessowners Program (SBOP) |                                       |                                       |  |  |
|     | developed and written by our NSI Division.                                    |                                       |                                       |  |  |
|     | Brief description of filing. (If filing follows rates of an advisory          |                                       |                                       |  |  |
|     | Organization, specify   |                                       |                                       |  |  |
|     | organization):  | I his revision changes the            | property package modification factor. |  |  |
|     |   | · · · · · · · · · · · · · · · · · · · |                                       |  |  |
|     | *Adjusted to reflect all prior ra   | to changes                            |                                       |  |  |
|     | **Change in Company's prem  |                                       | from application of new               |  |  |
|     | rates.  | iditi level Willer Will lesuit        | nom application of new                |  |  |
|     | Tates.  | West Bend Mutual I                    | nsurance Company                      |  |  |
|     |   |                                       | ne of Company                         |  |  |
|     |   |                                       | Development Analyst                   |  |  |
|     |   | ~                                     | Official – Title                      |  |  |